"Improving Public Health in Our Community Through Cooperation"

Alachua County Health Department (352) 334-7900

To report a disease, phone or fax the appropriate office below:

Director

Tom Belcuore, MS Tom_Belcuore@doh.state.fl.us (352) 334-7902

Environmental Health Director Paul Myers, MS

Director Paul Myers, MS (352) 334-7931

Epidemiology

Jerne Shapiro, MPH (352) 334-7930 Fax:(352) 334-7935

HIV/AIDS Surveillance

Rick Trachsel (352) 334-7968 Patti Carnuccio (352) 334-7967

Lead Poisoning

Jerne Shapiro, MPH (352) 334-8827

Sexually Transmitted Disease

George Gibbs (352) 334-7900 ext 3471 or 3470 Fax: (352) 334-8818

Tuberculosis

Gail Beard, RN (352) 334-7988



www.alachuacountyhealth.org



Syphilis Outbreak in Alachua County

The Alachua County Health Department (ACHD) Sexually Transmitted Disease (STD) Control Program reported six cases of syphilis in the last month, among men having sex with men (MSM). Two of the six cases are coinfected with HIV. Alachua County averages three cases of syphilis a year. This increase follows a national trend in the MSM population. Interviews by the

ACHD Disease Intervention Specialists (DIS) revealed that MSM in these six cases have had about 100 sex partners in the last three months. Many of these partners are anonymous, one time exposures met on the Internet. Because of this mode of meeting sex partners, the Department of Health has implemented a policy for DIS to notify partners on the Internet. The re-emergence of

George Gibbs STD Program Manager

syphilis in the MSM community, coupled with anonymous Internet dating, has presented new problems for STD programs nationally. If this increase is not controlled in the local MSM population it will spread through bi-sexual males to the heterosexual population.

Syphilis cases: January—May 2004 4 January—May 2005 15

Jerne Shapiro MPH

Epidimioligist

Pertussis Outbreak in North Central Florida

local high schools, workplace, and Dacron™ swahousehold transmission.

North Central Florida is currently experiencing an outbreak of Pertussis, or Whooping Cough. Pertussis is a highly communicable infectious disease caused by the bacteria (*Bordetella pertussis*).

Pertussis causes severe coughing and is spread by respiratory secre-

and is spread by respiratory secretions. Alachua County has a total of 10 cases, (8 confirmed and 2 probable) with the understanding this represents the tip of the iceberg. Cases have also been reported from Baker, Bradford, Clay and Putnam Counties. Pertussis should not be thought of as a childhood disease. Vaccine immunity begins to wane in the teenage years leaving a large adult population vulnerable. Alachua County's cases have ranged in age from 2mo to 55 years old, with a mean of 21 years.

Documented transmission settings have included the following: two

Pertussis symptoms may include the following: a cough lasting >2 weeks, spasms of severe coughing (paroxysms), the characteristic inspiratory whoop, post-tussive vomiting, and apnea after coughing. The illness onset is similar to a minor upper respiratory infection (catarrhal period). During the first I-2 weeks patients may have coryza with an intermittent nonproductive cough, followed by episodes of paroxysmal coughing that may last several weeks. This disease peaks at 1-2 weeks after onset and may present with paroxysmal coughing for 2 weeks to 3 months. The incubation period is 4-21 days.

The preferred method to obtain a specimen is with a nasopharyngeal aspirate or a nasopharyngeal

Dacron™ swab. Swabs or aspirate should be placed in Regan Lowe transport media which is available at the Alachua County Health Department (352) 334-7930. The direct fluorescent antibody (DFA) or serologic testing is unreliable so these tests should not be used to confirm pertussis.

Treatment for pertussis, as well as chemoprophylaxis for exposed persons, consists of 14 days of Erythromycin or Trimethoprim-Sulfamethoxozole. Clarithromycin or Azithromycin should only be used if these antibiotics cannot be tolerated. Patients should refrain from contact outside the household for the first 5 days of antimicrobial treatment.

....(continued on Page 2)

Pertusis cases: January—May 2004 0 January—May 2005 8



COVER YOUR COUGH!
...Cough or sneeze into
your upper arm or sleeve—
NOT into your hands!

"Applying the wisdom and experience gained from the Alachua County pilot, we hope to expand the Florida Hep-CARE project statewide."

Dr. David Nelson

Hepatitis B cases:	
January—May 2004	52
January—May 2005	39
Hepatitis C cases:	
January—May 2004	174
January—May 2005	215



Meningococcal cases: January—May 2004 0 January—May 2005 I

Pertussis Outbreak in North Central Florida (continued from page 1)

The recommended dosages are as follows:

Erythromycin

Children: 40-50 mg/kg/day } in four divided

Adults: I-2 grams/day } oral doses

-OR-

 ${\bf Trimethoprim/Sulfamethoxazole}$

Children: Trimethoprim - 8 mg/kg/day }
Sulfamethoxazole - 40 mg/kg/day } in two divided
Adults: Trimethoprim - 320 mg/day } oral doses
Sulfamethoxazole - 1,600 mg/day }

Treatment should be continued for 14 days. All cases and their household/close contacts should receive treatment regardless of age or immunization status.

Remember, Pertussis is a telephone reportable disease. If you suspect a patient with Pertussis please call the Alachua County Health Department - Epidemiology Section immediately at (352) 334-7930.

ACHD Pilots Innovative Hepatitis Care

tion, Assessment, Resources, and
Education (Hep-CARE) project is
a unique hepatitis partnership
between the Department of
Health, Florida academic institutions, and private industry. This
project helps provide hepatitis
care and treatment to clients
who are financially and medically
qualified. The first pilot site for

The Florida Hepatitis Collabora-

Florida Hep-CARE is in Alachua

Health Department working

closely with the University of

Florida (UF) College of Medicine

County, with the Alachua County

and many industry partners.

Dr. David Nelson, Director of Hepatology and Liver Transplantation at UF, describes this extraordinary venture: "Applying the wisdom and experience gained from the Alachua County pilot, we hope to expand the Florida Hep-CARE project statewide. If funded, Florida Hep-CARE will give public health providers the opportunity to work with a network of specialty providers across the state, providing

Mary Jean Linn, RN, MURP Hepatitis Program Coordinator

care and treatment for Floridians with viral hepatitis."

Laboratory testing and vaccines are available to Florida residents over the age of 18 years, and is offered at no charge. For more information about the hepatitis vaccine and testing availability, or to schedule a testing appointment please contact the Alachua County Health Department Hepatitis Program at 352-334-8842, http://www.doh.state.fl.us/chdalachua/epi/hepatitis.htm or for general information call the Florida Department of Health at

Meningococcal Vaccine Recommended for Adolescents and College Freshmen

The Advisory Committee on Immunization Practices (ACIP) for the Centers for Disease Control (CDC) has recommended that children 11-12 years old and teens entering high school, as well as college freshman living in dormitories, receive a newly license meningococcal (Menactra) vaccine.

There are currently two vaccines on the market in the United States. Menomune

(polysaccharide) and Menactra (conjugated to diphtheria toxoid.) Both vaccines are manufactured by Sanofi Pasteur (Aventis) and cover serogroups A, C, Y and W-135. Menomune is administered subcutaneously and is licensed for 2 years of age and up with selective revaccination. Menactra is administered intra-muscularly and is licensed for persons 11 years to 55 years of age. It is unknown at this time if a booster dose will

Sherry Windham Immunization Program Manager

be necessary. The ACIP will make a decision on this at their June 2005 meeting.

Menactra has been approved for the Vaccines for Children Program (VFC). For those physicians who participate in the VFC program, the vaccine should hopefully be available within the next 6 months. If you are not a participant of VFC, you can order the vaccine direct from Sanofi Pasteur. The current cost is \$82.00 per dose.

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FLORIDA REPORTABLE DISEASES Alachua County 2 year activity

Disease Activity		May)	2004 Cum	Disease Activity (cont'd)	. `	May)	2004 Cum
AIDS	12	2004	55	Leptospirosis	0	0	0
Animal Bites to Humans	13	23 0	26	Listeriosis	0	0	0
Anthrax	0	0	0	Lyme Disease	ı	0	6
Botulism	0	0	0	Lymphogranuloma Venereum	0	0	0
Brucellosis	Ö	Ĭ	Ĭ		_		-
Campylobacteriosis	7	8	21	Malaria Measles	0	0	0
Chancroid	0	0	0		-		•
Chlamydia trachomitis	493	386	1091	Melioidosis	0	0	0
Ciguatera	0	0	0	Meningitis (Bacterial & Mycotic)	0	0	0
Creutzfeldt-Jakob Disease (CJD)	0	0	0	Meningococcal (Neisseria Meningitidis)	0	I	3
Cryptosporidiosis	0	0	0	Meningitis (bacterial & Mycotic)	I	0	0
Cyclosporiasis	7	0	1	Mercury Poisoning	0	0	0
Dengue	0	0	0	Mumps	0	0	0
Diphtheria Diphtheria	0	0	0	Neurotoxic Shellfish Poisoning	0	0	0
Ehrlichiosis, human	0	- 1	- 1	Pertussis	8	0	2
Encephalitis				Pesticide-Related Illness or Injury	0	0	0
Eastern Equine	0	0	0	Plague	0	0	0
Non-arboviral	0	0	0	Poliomyelitis	0	0	0
Other arboviral	0	0	0	Psittacosis	0	0	0
St. Louis	0	0	0	Q fever	0	- 1	- 1
Venezuelan Equine	0	0	0	Rabies Human	0	0	0
West Nile	0	0	0	Rabies Animal	6	8	16
Western Equine	0	0	0	Ricin Toxin	0	0	0
E.coli 0157:H7	0	0	2	Rocky Mountain Spotted Fever	I	0	2
E.coli, Other (known sero)	0	0	I	Rubella	0	0	0
•	0	0	0	Salmonellosis	18	20	83
Epsilon toxin of Clostridium perfringes	4	6	11	Saxitoxin poisoning paralytic shellfish	0	0	0
Giardiasis (acute) Glanders	0	0	0	poisonings			
Gonorrhea	210	183	522	Shigellosis	0	2	4
				Smallpox	0	0	0
Granuloma Inguinale	0	0	0	Staphylococcus aureus, Vancomycin	0	0	0
Haemophilus influenzae, inv disease	2	0	I	non-susceptible			
Hansen's Disease (Leprosy)	0	0	0	Staphylococcus enterotoxin B	0	0	0
Hantavirus infection	0	0	0	Streptococcal Disease group A inva	0	0	0
Hemolytic Uremic Syndrome	0	0	I	Streptococcal pneumoniae invasive	13	13	19
Hepatitis A	0	2	3	Syphilis	15	4	5
Hepatitis B	39	52	131	Tetanus	0	0	0
Hepatitis C	215	174	545	Toxoplasmosis (acute)	0	0	0
Hepatitis non-A, Non B	0	0	0	Trichinosis	0	0	0
Hepatitis, Other (including	0	0	0	Tuberculosis	- 1	0	5
unspecified)				Tularemia	0	0	0
Hepatitis B surface antigen + in preg nant women or child < 24 months	4	14	23	Typhoid Fever	0	0	0
Herpes Simplex Virus in < 6mo of age	0	0	0	Typhus Fever	0	0	0
HIV	13	20	46	Vaccinia Disease	0	0	0
Human Papillomavirus (HPV) <12 yrs	0	0	0	Vibrio Infection V. cholerae Serogroup Type 01 and	0	ı	2
Lead Poisoning	ı	ı	2	non-01	0	0	0
Legionellosis	0	i I	I		•	^	^
Econoniciosis	J	'	'	Viral Hemorrhagic Fever	0	0	0
Also reportable:				Yellow Fever	0	0	0

Also reportable:

Any disease outbreak (e.g., in the community, hospital, or other institution; or foodborne or waterborne)

Any grouping or clustering of patients having similar diseases., symptoms or syndromes that may indicate the presence of a disease outbreak

Bobby Davis HIV/AIDS Director

The number of new AIDS cases in Florida increased by 24% in 2004 with a 3% decrease in new HIV infections. According to Tom Liberti, Department of Health AIDS Bureau Chief, the increase in AIDS cases might be the failure of antiretroviral regimens to ultimately stop the progression of HIV to AIDS. The majority of these new cases are in people older than 50, having been

infected ten years, and who also are running out of drug options. Another factor is the increasing number of people testing late in the course of HIV infection.

Alachua County data indicates an increase of 20% in AIDS cases in 2004. There was also an increase of 45% in the HIV cases in 2004. It should be noted the Alachua numbers are small, so raw data is not as alarming as the percentage

might appear (31 new HIV cases in 2003 and 45 in 2004).

For additional HIV/AIDS data, go to alachuacountyhealth.org.

AIDS cases:							
January—May 2004	23						
January—May 2005	12						
HIV cases:							
January—May 2004	20						
January—May 2005	13						

Gail Beard, RN

Regional TB Nurse Case Manager

Healthcare providers should be alerted to warn clients to avoid eating any un-ripened, raw-milk cheeses, imported by family and friends from Mexico, Nicaragua or Honduras.

Tuberculosis cases: January—May 2004 0 January—May 2005 I

Tuberculosis in Raw Milk/Cheese

Health investigators in New York City have found that one infant has died and dozens of others have contracted tuberculosis from 2001 through 2004 by eating cheese made from raw- milk that was contaminated with Mycobacterium bovis.

This tuberculosis organism is primarily found in cattle but can

infect other animals, as well as humans. In people, this bacterium usually affects areas outside the lungs, causing it to often go unrecognized.

Although eating cheese made from raw-milk is common in Latin
America, immigrants remain attached to the product in our Hispanic communities.

JS/06
FLORIDA DEPARTMENT OF HEALTH

Alachua County Health Department

Alachua County Health Department Epidemiology Department 224 SE 24th Street Gainesville, FL 32641

Phone: (352) 334-7900 Fax: (352 334-7935